

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Jim Lawrence for Congress

ADDRESS (number and street)

PO Box 7042

☐ Check if different than previously reported. (ACC)

Nashua

NH

03060

2. FEC IDENTIFICATION NUMBER ▼

C C00619874

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y  
09 / 13 / 2016

in the State of

NH

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2016

through

M M / D D / Y Y Y Y  
08 / 24 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer Battelle

Signature of Treasurer

Jennifer Battelle

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
09 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**Jim Lawrence for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5550.00	25366.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5550.00	25366.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13031.09	11310.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	13031.09	11310.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12575.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Jim Lawrence for Congress**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 / 01 / 2016

To:

M M / D D / Y Y Y Y  
08 / 24 / 2016

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

4950.00

24076.61

**(ii) Unitemized.....**

600.00

1290.00

**(iii) TOTAL of contributions from individuals ▶**

5550.00

25366.61

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

5550.00

25366.61

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

6000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

6000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

5550.00

31366.61

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13031.09	11310.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13031.09	11310.51

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20056.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5550.00
25. SUBTOTAL (add Line 23 and Line 24).....	25606.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13031.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12575.01

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Jim Lawrence for Congress**

Full Name (Last, First, Middle Initial)

**Craig Benson**

Mailing Address PO Box 6980

City

Portsmouth

State

NH

Zip Code

03802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Businessman

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Frank Edbult**

Mailing Address 99 Badger Farm Road

City

Wilton

State

NH

Zip Code

03086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Investor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2016

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Quentin Nash**

Mailing Address 113 Bush Hill Road

City

Hudson

State

NH

Zip Code

03051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nash Forest Dev. Inc.

Occupation  
Real Estate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2016

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Jim Lawrence for Congress Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Jim Lawrence for Congress**

Full Name (Last, First, Middle Initial)

**Augusta Petrone**

Mailing Address PO Box 1037

City

Dublin

State

NH

Zip Code

03444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		22		2016

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kristin Schaefer Schiumo**

Mailing Address 117 Cove Dr.

City

Manhasset

State

NY

Zip Code

11050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Liu post

Occupation

Psychologist/Full Professor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2016

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

250.00

☐ Memo Item

Jim Lawrence for Congress Campaign Contribution

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

4950.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jim Lawrence for Congress

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2016

City	State	Zip Code
Menlo Park	CA	94025

Amount of Each Disbursement this Period

270.05
--------

Purpose of Disbursement  
Social Media

004

☐ Memo Item

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Transaction ID : SB17.4235

Full Name (Last, First, Middle Initial)

**B. Ted Landon**

Mailing Address 7 Sprague Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2016

City	State	Zip Code
Amherst	NH	03031

Amount of Each Disbursement this Period

6010.00
---------

Purpose of Disbursement

001

☐ Memo Item

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Transaction ID : SB17.4252

Full Name (Last, First, Middle Initial)

**C. Market Basket**

Mailing Address Lowell Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2016

City	State	Zip Code
Hudson	NH	03051

Amount of Each Disbursement this Period

203.87
--------

Purpose of Disbursement

007

☐ Memo Item

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Transaction ID : SB17.4247

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6483.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jim Lawrence for Congress

Full Name (Last, First, Middle Initial)

**A. Minuteman Press**

Mailing Address 44 Nashua Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2016

City	State	Zip Code
Londonderry	NH	03053

Amount of Each Disbursement this Period

Purpose of Disbursement

004

4000.00

☐ Memo Item

Transaction ID : SB17.4250

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2016

City	State	Zip Code
Dallas	TX	75235

Amount of Each Disbursement this Period

Purpose of Disbursement

002

499.92

☐ Memo Item

Transaction ID : SB17.4241

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Full Name (Last, First, Middle Initial)

**C. T-Mobile**

Mailing Address 310 Daniel Webster Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2016

City	State	Zip Code
Nashua	NH	03060

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone expense

001

349.27

☐ Memo Item

Transaction ID : SB17.4231

Candidate Name

Jim Lawrence for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4849.19



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**Jim Lawrence for Congress**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address Lowell Road

City	State	Zip Code
Hudson	NH	03051

Purpose of Disbursement

001

Category/  
Type

Candidate Name

**Jim Lawrence for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NH

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2016

Amount of Each Disbursement this Period

626.09

☐ Memo Item

Transaction ID : SB17.4245

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

626.09

**TOTAL** This Period (last page this line number only).....

11959.20

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4212

Jim Lawrence for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Jim Lawrence

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 7042

City

State

ZIP Code

Nashua

NH

03060

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2016

Date Due

M M / D D / Y Y Y Y  
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

**TOTALS** This Period (last page in this line only)..... ►

6000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.